

October 22, 2002

Re: Medical Dispute Resolution

MDR #: M2.02.1045.01

IRO Certificate No.: IRO 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IRO's. TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management and Anesthesiology.

CLINICAL HISTORY:

The claimant was injured at work on _____. The claimant apparently was sitting down into a chair when the chair rolled from underneath her. This caused the patient to fall on her left buttock, left leg, and left lower back. Subsequent objective testing including pelvic x-rays, left shoulder x-rays, left rib x-rays, cervical spine x-ray, and lumbar spine x-ray were all negative.

A lumbar MRI demonstrated 2-3 mm disk protrusions at L4-5 and L5-S1 with no evidence of disk herniation or nerve root impingement. No facet disease was present at any level. Another reading of the MRI demonstrated mild disk bulges at L4-5 and L5-S1 with no central canal stenosis. There was a total-body scan, nerve conduction and needle EMG studies.

The claimant had several epidural steroid injections as well as a multitude of physical therapy sessions, none of which have provided significant relief. There have been a number of diagnoses which include lumbar diskogenic pain, bilateral lumbar facet syndrome, bilateral sacroiliitis, and myofascial syndrome. The records indicate there is no plan for surgery.

DISPUTED SERVICES:

Lumbar discogram with post CT scan at the levels of L3-4, L4-5 and L5-S1.

DECISION:

The reviewer agrees with the determination of the insurance carrier in this case that lumbar discogram with post CT scan at the levels of L3-4, L4-5 and L5-S1 are not medically necessary.

RATIONALE FOR DECISION:

The objective tests that have been performed on this claimant's lumbar spine do not clearly indicate any lumbar radiculopathy. The Electrodiagnostic studies were suggestive of only a mild abnormality which was not supported by the subsequent portion of the test. The MRI demonstrates 2-3 mm disk bulges which are not pathologic findings in the lumbar spine. There have been several studies done demonstrating that up to 60-70% of volunteer MRI subjects with no pain have evidence of disk bulges on MRI. With the capacious volume of the lumbar spinal canal, a 2-3 mm disk bulge would not cause any nerve root or spinal cord compression to justify the claimant's ongoing complaints of lumbar and bilateral lower extremity pain; 2-3 mm disk bulges are simply non-pathologic findings which many consider to be variations of normal.

Furthermore, taking into account the equivocal Electrodiagnostic results, there is certainly no clear evidence of surgical pathology in this case. Discogram studies are useful only as a pre-surgical evaluation, and offer no therapeutic value in and of themselves. Since there is no clear surgical indication in this case, there is, therefore, no medical necessity for discogram or CT scan follow-through. Moreover, a discogram carries with it significant risk of further injury to the disk as well as the risk of infection. According to the U. S. Department of Health and Human Services, interpretation of discograms is also equivocal and oftentimes non-diagnostic. Given the potential risk of the procedure, its limited diagnostic value, total lack of therapeutic value, and no clear indication for surgery in this case, there is no medical necessity, reasonableness, or indication for lumbar discograms.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 22, 2002.

Sincerely,